



07/09/2007 13:25 FAX

002/003

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54964 7590 06/28/2007

TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ
15 HAMPSHIRE STREET
MANSFIELD, MA 02048

07/10/2007 HDEHES2 00000008 190254 10784604

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Julie D. Parker

(Depositor's name)

Julie D. Parker

(Signature)

07/09/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,604	02/23/2004	Heather Gillis	1833K	8303

TITLE OF INVENTION: COMPRESSION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
THANH, QUANG D	3771	601-148000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Edward S. Jarmolowicz

2 Tyco Healthcare Group LP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Tyco Healthcare Group LP

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mansfield, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190254 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edward Jarmolowicz

Date

July 9, 2007

Typed or printed name

Edward Jarmolowicz

Registration No.

47,238

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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tyco
Healthcare**Kendall****Tyco Healthcare Group LP**
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Date July 9, 2007
Company U.S. PATENT & TRADEMARK OFFICE
Attention Commissioner of Patents
Mail Stop ISSUE FEE
Fax No. (571) 273-2885
From Edward S. Jarmolowicz
Subject Transmittal of Issue Fee Payment
U.S. Patent Application No. 10/784,604
Title: COMPRESSION APPARATUS
Issue Fee Deadline: 09/28/2007
No. of Pgs. 3

Honorable Commissioner:

Enclosed please find the following documents in response to the Notice of Allowance and Issue Fee(s) Due dated 7/25/2005 for the above-referenced patent application:

- ✓ Part B – Fee(s) Transmittal, Form PTOL-85, in duplicate;
- ✓ Certificate of Facsimile Transmission.

Respectfully submitted,

Edward Jarmolowicz
Edward S. Jarmolowicz
Atty. Reg. No. 47,238
TYCO HEALTHCARE GROUP LP
15 Hampshire Street
Mansfield, MA 02048

CERTIFICATE OF TRANSMISSION/ MAILING

The undersigned hereby certifies that this correspondence is being facsimile transmitted to the USPTO, Facsimile No. (571) 273-2885 on the following date: July 9, 2007 *[Signature]*

Julie D. Parker